

66/6/03

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon	T.	(808)534-1244
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
333 Queen Street, #902	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Okudara & Associates, Inc.			
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
Same as above			

PART II ORGANIZATION

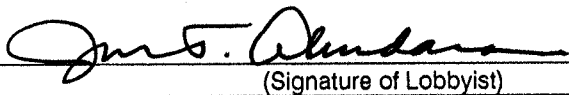
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Health Systems Corporation	733-4151		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
3675 Kilauea Avenue	Honolulu	HI	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kelley Roberson			
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
3675 Kilauea Avenue	Honolulu	HI	96816

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

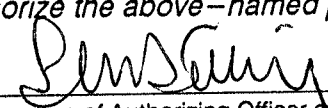


(Signature of Lobbyist)

12/19/02

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Thomas M. Driskill, Jr., President & Chief Executive Officer			
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Health System Corporation	733-4151		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
3675 Kilauea Avenue	Honolulu	HI	96816
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
			12/13/02
(Signature of Authorizing Officer or Person Represented)			(Date)